DIRECT DEPOSIT ENROLLMENT AND AUTHORIZATION SD DEPARTMENT OF SOCIAL SERVICES

Signature:

DIVISION OF CHILD SUPPORT DIRECT DEPOSIT PROGRAM 700 GOVERNORS DRIVE, PIERRE, SD 57501 605-773-3641

SD DEPARTMENT OF SOCIAL SERVICES	700 GOVERNORS DRIVE, PIERRE, SD 57501 505-773-3641
want the Division of Child Support to deposit my child support payments directly into my personal account in the rinancial institution listed below. PERSONAL INFORMATION (Please Print)	
Name (Last, First, Middle):	cht
Address (Street):	Apartment Number:
City: Si	tate: Zip Code:
Daytime Telephone: So	ocial Security Number: g
Disclosure of the Social Security number is requested for the purpose of ensuring correct identification of individuals in the state case registry. Social Security numbers are required to be included in the state case registry pursuant to 42 JSC 654a(e)(3) and (e)(4)(D). Failure to disclose this information will affect enrollment in the direct deposit option.	
Financial Institution Name:	· · · · · · · · · · · · · · · · · · ·
Address (Street):	Φ ω
City: St	rate: Zip Code:
Financial Institution Routing Number:	Account Number: 88
ACCOUNT TYPE (Check One)	
	ck from the checking account to which the direct name must appear on the account.
financial institution's routing letter must be on financial in	700 GOVERNORS DRIVE, PIERRE, SD 57501 605-773-3641 support payments directly into my personal account in the direct payments directly into my personal account in the direct limiter. Apartment Number: Zip Code: Docial Security Number: for the purpose of ensuring correct identification of individuals in quired to be included in the state case registry pursuant to 42 information will affect enrollment in the direct deposit option. N (Please Print) Take: Zip Code: Account Number: Account Number: Eate: Zip Code: Account Number: Date: Payment Exemptions Apartment Number: Docial Security Number: Docial
AUTHORIZATION authorization the Division of Child Support to credit my support payments to the above account and, if necessary, reverse any incorrect payments made in error. I acknowledge that a new enrollment form must be completed if choose to change financial institutions or account numbers. I further acknowledge that I must notify the Division of Child Support immediately, in writing, if my account is closed.	
Signature:	Date: X

Date:

For More Information

For more information, please contact the Department of Social Services' Division of Child Support.

Address:

700 Governors Drive, Pierre, SD 57501

Phone:

605-773-3641

Email:

DCS@state.sd.us

Website:

www.dss.sd.gov/childsupport

Electronic Payment of Child Support

Direct Deposit or Electronic Payment Card

Produced and paid for by the Department of Social Services, September 2007.



Electronic Payment of Child Support

The Department of Social Services' Division of Child Support is required by state law to use automated procedures to disburse child support payments. (SDCL 25-7A-3.2)

Custodial parents have two options for receiving their child support payments. You may choose to either have your child support directly deposited into your bank account, or you can receive your payments through an electronic payment card called the U.S. Bank ReliaCard Visa.

In most cases, child support payments will be received by your bank, if you choose direct deposit, or by U.S. Bank ReliaCard within two to three business days after the Division of Child Support applies the payment. You will not receive your child support payments any later than you would have normally received your checks by mail.

Direct Deposit

Direct deposit is the electronic deposit of your child support into your bank, savings and loan, or credit union account. To select direct deposit for your child support payments, you must complete the Direct Deposit Enrollment and Authorization Form on the back of this brochure.

You may designate only one account for your child support payments. Mail your completed form to the Direct Deposit Program (the address is listed on the form) with the required documentation.

Electronic Payment Card

If you do not enroll in direct deposit, the ReliaCard Visa will automatically be sent to you. The Relia-Card Visa is an electronic payment card; it is not a credit card. It is a prepaid debit card to which your child support payments are directly deposited.



You can use the card to get cash at automated teller machines (ATMs) and cash back at many retail stores. You can also use the card at grocery stores, gas stations, shopping malls, online purchases, bill paying, and mail or telephone orders.

The ReliaCard Visa gives you a monthly statement that makes it easy to track your account activity. After enrollment, you will receive customer service information from U.S. Bank.

Electronic Payment Benefits

Some of the benefits of direct deposit and the ReliaCard Visa are:

- Saves you time from depositing and cashing checks; no check cashing fees.
- Eliminates the risk of child support checks being lost or stolen.
- Ensures payments are received timely by eliminating postal delays such as address changes, weather conditions, or postal routing errors.
- ✔ Provides greater security than carrying cash.
- Provides convenience for cash withdrawals at ATMs and banks.
- Allows purchases and cash back at retail stores with use of the ReliaCard Visa, rather than using cash or checks.
- Reduces the cost of disbursing payments, which saves taxpayer dollars.

Electronic Payment Exemptions

If there is a reason that prevents you from using direct deposit or the ReliaCard Visa, you must complete the **Exemption Request Form** and return it to:

South Dakota Department of Social Services
Division of Child Support
Attn: Electronic Payment Coordinator
700 Governors Drive
Pierre, SD 57501

Exemption Request Form

I am requesting an exemption from electronic payment of my child support because:

There is no ATM or financial institution that allows Visa cash advances within 50 miles of my home or employer location, and I am unable to establish a checking or savings account at a financial institution.

(You must include documentation that a financial institution denied an application to establish an account or that a financial institution has involuntarily closed your account within the past 12 months.)

I am currently involved in legal proceedings, such as bankruptcy, which requires payments to be sent to a trustee or other representative payee.

(Please attach documentation.)

I have a court-appointed guardian or conservator.
(Please attach documentation)

Name (Print):

Case Number:

Social Security Number:

Signature:

Date:

detach and to under Electronic **Payment** Exemptions. 8

X